

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040090

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9707

STATE FILE NUMBER

FILED OCT 19 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis

Length of stay in 1b

12 days

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Jewish HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY
OR
TOWN University City

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS 7141 DartmouthReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JOSEPH

Middle

Last

CHERNICOFF

4. DATE

Month

Day

Year

OF
DEATH

October 9, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/2/1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

Retail Grocery

11. BIRTHPLACE (City and state or country)

Russia

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Beil Chernicoff

13b. MOTHER'S MAIDEN NAME

Yenta Unknown

14. NAME OF HUSBAND OR WIFE

Fannie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) No

(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Sophie Bixhorn 7141 Dartmouth

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema and

congestive heart failure

arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

24 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

0

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1948

to Oct 9, 1962

and last saw him alive on Oct 9, 1962

Death occurred at

3

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Melvin B. Kinsten M.D.

22b. ADDRESS

St Louis 5, Mo

22c. DATE SIGNED

10-10-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

10/11/1962

23c. NAME OF CEMETERY OR CREMATORY

Chesed Shel Emeth

23d. LOCATION (City, town, or county)

University City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson Avenue

25. DATE RECD. BY LOCAL REG.

OCT 10 1962

26. REGISTRAR'S SIGNATURE

R. Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James A. Jindberg*
Licensed Embalmer No. 4529

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.